



Date Stamp(COCHA office use only)

Full Application For Housing Assistance City of Chandler

To be completed by the applicant/resident in their own handwriting. The information you give on the form regarding household composition, income, family assets and deduction must be accurate and complete. Complete all sections. Failure to complete this form accurately and completely will result in you being removed from the waiting list.

HEAD OF HOUSEHOLD INFORMATION

NAME	FIRST	LAST	MIDDLE/MAIDEN NAME
MAILING ADDRESS	PO BOX/STREET	PHYSICAL ADDRESS	STREET
	APT/UNIT #		APT/UNIT #
	CITY/STATE/ZIP		CITY/STATE/ZIP
DRIVERS LICENSE #		DRIVERS LICENSE STATE	
TELEPHONE NUMBERS	HOME	CELL	WORK MESSAGE

Check all that apply for the head of household:

- ☐ Male
 ☐ Female
 ☐ Single
 ☐ Married
 ☐ Divorced
 ☐ Separated
 ☐ Widow
☐ Disabled
 ☐ Handicapped
 ☐ Full Time Student
 ☐ Employed
 ☐ Self-employed
 ☐ Unemployed
 ☐ Retired

If you are married separated or divorced, complete the following:

SPOUSE/EX-SPOUSE NAME	SOCIAL SECURITY #
ADDRESS	BIRTH DATE

Have you ever used a name other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever used a Social Security Number other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: _____

List the name, phone number and address of two friends or relatives that we can contact if we are unable to reach you in case of an emergency:

CONTACT NAME	CONTACT NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS

For Housing Authority Staff Use Only

PROGRAM INFORMATION: ☐ Section 8 ☐ Public Housing ☐ Elderly Bedroom Size Needed _____
 CERTIFICATION: ☐ Initial ☐ Annual Re-Exam ☐ Other _____

GENERAL INFORMATION	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever lived in subsidized housing or received rental assistance? If yes, name and address of the Agency that provided or is providing assistance: Dates assistance began and ended: _____ Who was the Head of Household? _____	
<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving rental assistance? If yes, name and address of Agency providing assistance: Dates assistance began: _____ Who is the Head of Household? _____	
<input type="checkbox"/>	<input type="checkbox"/>
Do you currently owe any money to any Public or Assisted Housing Agency? If yes, amount: _____ Name and address of Agency owed money: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Have you or any member of the household been evicted from federally assisted housing during the past five years? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Have you or any member of the household been arrested during the past five years for criminal and or drug related activity? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Do you have pets? If yes, how many and what kind? _____	
<input type="checkbox"/>	<input type="checkbox"/>
Are any household members requesting a reasonable accommodation due to a disability? _____	

FAMILY COMPOSITION							
Adults: List all persons age 18 and older who will be living in the household when you receive rental assistance.							
FULL NAME	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH (DOB)	IF APPLICABLE CHECK APPROPRIATE BOX	OFFICE USE ONLY
1.	Self					<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
2.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
3.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Live-In-Aid	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Children: List all children age 17 and younger who will be living in the household when you receive rental assistance.							
FULL NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DOB	CHECK APPROPRIATE BOX	OFFICE
4.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Child's Mother's Name _____ Mother's SS# _____			Child's Father's Name _____ Father's SS# _____				
Mother's DOB _____ Address _____			Father's DOB _____ Address _____				
FULL NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DOB	CHECK APPROPRIATE BOX	OFFICE
5.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Child's Mother's Name _____ Mother's SS# _____			Child's Father's Name _____ Father's SS# _____				
Mother's DOB _____ Address _____			Father's DOB _____ Address _____				

FULL NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DOB	CHECK APPROPRIATE BOX	OFFICE	
6.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Child's Mother's Name			Mother's SS#		Child's Father's Name			Father's SS#
Mother's DOB			Address		Father's DOB			Address
7.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Child's Mother's Name			Mother's SS#		Child's Father's Name			Father's SS#
Mother's DOB			Address		Father's DOB			Address
8.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Child's Mother's Name			Mother's SS#		Child's Father's Name			Father's SS#
Mother's DOB			Address		Father's DOB			Address
9.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Child's Mother's Name			Mother's SS#		Child's Father's Name			Father's SS#
Mother's DOB			Address		Father's DOB			Address

Full Time Students					
List all full time students who will be living in the household when you receive rental assistance.					
FULL NAME	SCHOOL NAME	SCHOOL ADDRESS	SCHOOL PHONE #	GRADE / COURSE OF STUDY	OFFICE USE ONLY
1.					<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
2.					<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
3.					<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
4.					<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID

Use another sheet of paper to list additional students.

Income Information						
EMPLOYMENT INFORMATION: List all full and/or part time employment for all members of the household (including: self-employment, babysitting or military reserves, etc.)						
FAMILY MEMBER	EMPLOYER NAME & ADDRESS	JOB TITLE	EMPLOYER'S PHONE NUMBER	RATE/HOUR	HOURS/WEEK	OFFICE USE ONLY
				\$		
				\$		
				\$		

OTHER INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.					
ITEM	YES	NO	SOURCE NAME AND ADDRESS	MONTHLY AMOUNT	OFFICE USE ONLY
Foodstamps	<input type="checkbox"/>	<input type="checkbox"/>		\$	
TANF	<input type="checkbox"/>	<input type="checkbox"/>		\$	
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>		\$	
SSI	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Veteran Pension	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Pension	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Grants	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Work Study	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Babysitting	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Caretaking	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Armed Forces Reserve	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Financial Support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		\$	

Asset Information				
List all Bank Accounts (savings and checking), stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc.				
FAMILY MEMBER	NAME & ADDRESS (BANK, BROKER, ETC.)	ACCOUNT NUMBER	BALANCE/VALUE	OFFICE USE ONLY
			\$	
			\$	
			\$	

REAL ESTATE: Provide information for any real estate (land and/or building) which you currently own.				
FAMILY MEMBER	COMPLETE ADDRESS OF REAL ESTATE	APPRAISED VALUE	MORTGAGE BALANCE	MORTGAGE HOLDER

Name and Address of Mortgage Holder:

DIVESTITURE OF ASSETS: During the past two (2) years, has any member of the household disposed of, transferred or otherwise given away any assets? No <input type="checkbox"/> Yes <input type="checkbox"/> Were they given away for less than they were worth? No <input type="checkbox"/> Yes <input type="checkbox"/> If you answered Yes, to either question please complete the following:			
DESCRIPTION OF ASSET	CASH VALUE*	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	

*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.

Expense Information			
CHILD CARE EXPENSES: List only those expenses for children age 12 and younger, which enable you or another household member to work or attend school. List only those expenses that you pay out of pocket.			
NAME AND COMPLETE ADDRESS OF CARE GIVER	AMOUNT PER HOUR	HOURS PER WEEK	OFFICE USE ONLY
	\$		
	\$		
	\$		

Reason for childcare expense:

MEDICAL EXPENSES: Complete this section if the **head of household** or **spouse** is **elderly** (62 years of age or older), **disabled** or **handicapped**. List only expenses you pay out of pocket. Include health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aids and outstanding medical bills.

FAMILY MEMBER	NAME AND ADDRESS (TO WHOM YOU PAY)	PRESCRIPTION # INSURANCE CLAIM #	AMOUNT	HOW OFTEN	OFFICE USE ONLY
			\$		
			\$		
			\$		

HANDICAPPED/ATTENDANT CARE EXPENSES: List only expenses which enable a family member (including the handicapped family member) to work.

NAME AND COMPLETE ADDRESS OF CARE GIVER	AMOUNT	HOW OFTEN	OFFICE USE ONLY
	\$		
	\$		

AUXILIARY APPARATUS ENABLING A HANDICAPPED PERSON TO WORK: List only those expenses, such as wheelchairs, ramps or special equipment for the blind, that would enable the handicapped person to work.

APPARATUS	NAME AND ADDRESS WHERE PURCHASED	COST	OFFICE USE ONLY
		\$	

Landlord References

List three (3) of your most recent landlords and provide their complete mailing address.

NAME	COMPLETE ADDRESS	TELEPHONE #	RENT\$	DATES YOU LIVED THERE FROM: TO:

Vehicle Information

List the following information for each household vehicle.

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE #	STATE



Applicant/Tenant Certification City of Chandler

I/We certify that the information given to the City of Chandler Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about my household and me is true and correct. I also understand that all changes in household members or income must be reported to the City of Chandler Housing Authority **IN WRITING WITHIN TEN WORKING DAYS** and that only people listed on this declaration, when approved by the Housing Agency may reside in the unit being subsidized.

I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this statement of facts is true, correct and complete.

Signature of Head of Household Date

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

NOTE: If a person other than applicant/participant completes this form, please sign and complete representative information.

Print Name Signature of Representative Date

Address City, State, Zip Code Phone

Relation to Applicant/Participant:

Return to:
City of Chandler Housing and Redevelopment Division
www.chandleraz.gov
Ph. 480-782-3200 ♦ Fax 480-782-3220

Mailing Address:
Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

Office Location:
265 East Buffalo Street
Chandler, AZ 85225